



PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number 0756-2433										
CERTIFICATE OF MAILING I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on <u>8/23/04</u> <u>Close Enclosed</u>												
In re Application of Shunpei YAMAZAKI et al.												
Application Number 10/072,931 Filed February 12, 2002												
For METHOD OF MANUFACTURING A SEMICONDUCTOR DEVICE												
Group Art 2812 Examiner S. Isaac Unit												
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.												
The requested extension and appropriate non-small-entity fee are as follows (check time period desired):												
<table><tr><td><input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1)) - (\$55/\$110)</td><td>\$ 110.00</td></tr><tr><td><input type="checkbox"/> Two month (37 CFR 1.17(a)(2)) - (\$210/\$420)</td><td>\$</td></tr><tr><td><input type="checkbox"/> Three month (37 CFR 1.17(a)(3)) - (\$475/\$950)</td><td>\$</td></tr><tr><td><input type="checkbox"/> Four month (37 CFR 1.17(a)(4)) - (\$740/\$1480)</td><td>\$</td></tr><tr><td><input type="checkbox"/> Five month (37 CFR 1.17(a)(5)) - (\$1005/\$2010)</td><td>\$</td></tr></table>			<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1)) - (\$55/\$110)	\$ 110.00	<input type="checkbox"/> Two month (37 CFR 1.17(a)(2)) - (\$210/\$420)	\$	<input type="checkbox"/> Three month (37 CFR 1.17(a)(3)) - (\$475/\$950)	\$	<input type="checkbox"/> Four month (37 CFR 1.17(a)(4)) - (\$740/\$1480)	\$	<input type="checkbox"/> Five month (37 CFR 1.17(a)(5)) - (\$1005/\$2010)	\$
<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1)) - (\$55/\$110)	\$ 110.00											
<input type="checkbox"/> Two month (37 CFR 1.17(a)(2)) - (\$210/\$420)	\$											
<input type="checkbox"/> Three month (37 CFR 1.17(a)(3)) - (\$475/\$950)	\$											
<input type="checkbox"/> Four month (37 CFR 1.17(a)(4)) - (\$740/\$1480)	\$											
<input type="checkbox"/> Five month (37 CFR 1.17(a)(5)) - (\$1005/\$2010)	\$											
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is \$												
<input checked="" type="checkbox"/> A check in the amount of the fee is enclosed.												
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.												
<input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account.												
<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 50-2280. I have enclosed a duplicate copy of this sheet.												
I am the <input type="checkbox"/> applicant/inventor												
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).												
<input checked="" type="checkbox"/> attorney or agent of record.												
<input type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a)												
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.												
<u>8-23-04</u> _____ Date		<u>S. Isaac</u> _____ Signature										
		<u>Eric J. Robinson, Reg. No. 38,285</u> Typed or printed name										
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.												
<input type="checkbox"/> Total of forms are submitted.												

Burden Hour Statement: This form is estimated to take 0.1 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Washington, DC 20231.

08/25/2004 JAD001 00000037 10072931 110.00 up
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AUG 25 2004

PTO/SB/17 (10-03)

Approved for use through 07/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

FEE TRANSMITTAL FOR FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT (\$ 110.00)

Complete if Known

Application Number	10/072,931
Filing Date	February 12, 2002
First Named Inventor	Shunpei YAMAZAKI et al.
Examiner Name	S. Isaac
Group Art Unit	2812
Attorney Docket No.	0756-2433

METHOD OF PAYMENT

1. The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number

50-2280

Deposit Account Name

Robinson Intellectual Property Law Office

Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 and credit overpayments

Applicant claims small entity status. See 37 CFR 1.27

2. Payment Enclosed:

Check Credit Card Money Order Other

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Fee Code	Small Entity Fee Code	Fee Description	Fee Paid
1001	770	2001 385 Utility filing fee	
1002	340	2002 170 Design filing fee	
1003	530	2003 265 Plant filing fee	
1004	770	2004 385 Reissue filing fee	
1005	160	2005 80 Provisional filing fee	

SUBTOTAL (1) (\$.00)

2. EXTRA CLAIM FEES

Total Claims	-80** =	Extra Claims	Fee from below	Fee Paid
Independent Claims	-9** =		X \$18	\$.00
Multiple Dependent				

Large Entity Fee Code	Small Entity Fee Code	Fee Description (\$)
1202	18	2202 9 Claims in excess of 20
1201	86	2201 43 Independent claims in excess of 3
1203	290	2203 145 Multiple dependent claim, if not paid
1204	86	2204 43 ** Reissue independent claims over original patent
1205	18	2205 9 ** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$.00)

** or number previously paid, if greater; For Reissues, see above

CERTIFICATE OF MAILING
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on 8/23/04. *Rose J. Smith*

Complete (if applicable)

SUBMITTED BY	Eric J. Robinson			Registration No. (Attorney/Agent)	38,285	Telephone	(571) 434-6789
Signature	<i>Eric J. Robinson</i>					Date	8-23-04